



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. JOSEPH HOSPITAL & HEALTH CENTER

City of Hospital: Kokomo

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Claudia Eads

Email Address: claudia.eads@stvincent.org

Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$176750182
Outpatient Patient Service Revenue	\$331670510
Total Gross Patient Service Revenue	\$508420692

2. Deductions From Revenue

Contractual Allowance	\$328058054
Other Deductions	\$21279296
Total Deductions	\$349337350

3. Total Operating Revenue

Net Patient Service Revenue	\$159083341
Other Operating Revenue	\$1909491
Total Operating Revenue	\$160992832

4. Operating Expenses

Salaries and Wages	\$41728660	Employee Benefits	\$11284034
Depreciation and Amortization	\$4526895	Interest Expense	\$558714
Bad Debt	\$2923916	Other Expenses	\$71677459
Total Operating Expenses	\$132699678		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$28293156	Total Assets	\$50660334
Net Non-operating Gains over Loss	\$4335	Total Liabilities	\$45212185

Total Net Gains	\$28297491
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$18634597	\$205626518	\$-186991921
Medicaid	\$9202130	\$60739482	\$-51537352
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$480583965	\$82971350	\$397612615
Total	\$508420692	\$349337350	\$159083342

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$26351	\$77443	\$-51092

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$8664	\$-8664
Community Education	\$129200	\$516696	\$-387496

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	6883

Statement Six: Charity Statement

Hospital Charity Charges	\$14437950
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3476496	
HCI Payments	\$0		
Subtotal	\$0	\$3476496	\$-3476496
Medicaid Shortfalls	\$15171358	\$18278478	
Subtotal	\$15171358	\$21754974	\$-6583616
DSH Payments	\$0		
Subtotal	\$15171358	\$21754974	\$-6583616
Medicare Shortfalls	\$55452323	\$62864856	
Other Government Programs	\$0	\$0	
Total	\$70623681	\$84619830	\$-13996149

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$129200	\$516696	\$-387496
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$26486	\$-26486

Comments

//